

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED JUL 2 4 2018

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PLEASE PE	UNT		NEW HAMPSHIRE DEPARTMENT OF STATE	
1. Name of Lobbyist(s) Bruce	A. Berke, Simon P. Thom	son and Erle B. Pierce		
II. Name of lobbyist's partnership	, firm or corporation, if any:			
Sheehan Phinney Capitol Gro	oup			
(Name of partners	hip, firm or corporation)			
Two Eagle Square	Concord	NH	03301	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(603) <u>228-2370</u> (603) <u>224</u>	-8899 cmail bberke@sl	heehan.com, sthomson@she	ehan.com,	
	(Telephone) (Fax) <u>cpierce@shechan.eom</u>			
III. This statement covers: (Chooseportable expense transactions w	rhich are not attributable to a	ny one client).		
All reportable transactions occi	arring in the month prior to the	reporting date relative to the follo	wing client;	
American Staffing Association				
(Full	Name of Client as it appears on	the Lobbyist Registration Form)		
All reportable transactions by tunrelated to any particular client.	he lobbyist (including the lobby	yist's family), or the lobbying firm	n listed below which are	
IV. Date of Report April 25,		July 25, 2018 🛛		
Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18 October 31, 2018 January 30, 2019				
activity from 7/		activity from 10/1/18 to 12/31/18		
V. There have been no fees receiv If this box is checked, complete just Concord, NH 03301.				
If you have paid an honor Expense Reimbursement	or made expenditures, you mus arium or reimbursed expenses,	et file Addendum A- Fees and Ex you must file Addendum B- Repributions, you must file Addendur	oort of Honorariums or	
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belie	RSA 664 and hereby swear or f.	affirm that the foregoing informat	tion is true and complete to	
(Signature of lobbyist)	Euski-	(Date)		

Bruce A. Berke, Simon P. Thomson and Erle B. Pierce (Print Name of lobbyist)